



Medwork Independent Review

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NOTICE OF MEDWORK INDEPENDENT REVIEW DECISION Workers' Compensation Health Care Non-network (WC)

03/10/2010

DATE OF REVIEW: 03/10/2010

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE

12 physical therapy sessions for the right knee

**A DESCRIPTION OF THE QUALIFICATIONS FOR EACH PHYSICIAN OR OTHER
HEALTH CARE PROVIDER WHO REVIEWED THE DECISION**

Texas State Licensed MD Board Certified Occupational Medicine physician

REVIEW OUTCOME Upon independent review the reviewer finds that the previous adverse determination/adverse determinations should be:

- ☐ Upheld (Agree)
☒ Overturned (Disagree)
☐ Partially Overturned (Agree in part/Disagree in part)

Provide a description of the review outcome that clearly states whether or not medical necessity exists for each of the health care services in dispute.

INFORMATION PROVIDED TO THE IRO FOR REVIEW

1. Texas Dept of Insurance Assignment to Medwork 02/19/2010
2. Notice of assignment to URA 02/19/2010
3. Confirmation of Receipt of a Request for a Review by an IRO 02/18/2010
4. Company Request for IRO Sections 1-8 undated
5. Request For a Review by an IRO patient request 02/17/2010
6. letter 02/21/2010, 12/29/2009
7. Letter 02/26/2010, pre-auth rqst 01/12/10, rqst for reconsideration 01/11/2010, PT eval 12/23/09, pre-cert rqst 12/23/09
8. ODG guidelines were provided by the URA

PATIENT CLINICAL HISTORY:

This is a male who injured his right knee at work on xx/xx/xx. He was diagnosed with internal derangement of the knee and underwent arthroscopic surgery for the treatment on 02/06/09. Subsequently, he completed 9 sessions of physical therapy for rehabilitation. On his last evaluation, he was still noted to have decreased range of motion and muscle strength. The patient was recommended additional 12 sessions of PT to further improve his functional capacity.



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ANALYSIS AND EXPLANATION OF THE DECISION INCLUDE CLINICAL BASIS, FINDINGS AND CONCLUSIONS USED TO SUPPORT THE DECISION.

As per ODG Guidelines: 12 visits PT over 12 weeks are recommended for post surgical treatment (meniscectomy) of meniscal tear of knee. Per ODG Guidelines: 12 visits of PT over 12 weeks are recommended for post surgical treatment of Old bucket handle tear; Derangement of meniscus; Loose body in knee; Chondromalacia of patella (ICD9 717.0; 717.5; 717.6; 717.7; 726.72). This is a young man who suffered the right knee injury requiring arthroscopic surgery. He completed 9 post-operative PT sessions with improvement in his condition. Based on his last evaluation, he was found to be lacking in functional capacity to meet physical demands of his job as a . He has been recommended a short course of rigorous rehabilitation program, including 12 sessions of physical therapy, to expedite his return to work. In review of the patient's relatively young age, the extent of his injury and his record of good progress with prior PT, a trial of additional 12 sessions of physical therapy are indicated in this patient. It is expected that a sustained course of PT over several weeks will help the patient to achieve maximum clinical improvement and facilitate his return to regular duty; therefore, the decision is overturned.

A DESCRIPTION AND THE SOURCE OF THE SCREENING CRITERIA OR OTHER CLINICAL BASIS USED TO MAKE THE DECISION:

- ☐ ACOEM- AMERICAN COLLEGE OF OCCUPATIONAL & ENVIRONMENTAL MEDICINE UM KNOWLEDGBASE
- ☐ AHCPR- AGENCY FOR HEALTHCARE RESEARCH & QUALITY GUIDELINES
- ☐ DWC- DIVISION OF WORKERS COMPENSATION POLICIES OR GUIDELINES
- ☐ EUROPEAN GUIDELINES FOR MANAGEMENT OF CHRONIC LOW BACK PAIN
- ☐ INTERQUAL CRITERIA
- ☒ MEDICAL JUDGEMENT, CLINICAL EXPERIENCE AND EXPERTISE IN ACCORDANCE WITH ACCEPTED MEDICAL STANDARDS
- ☐ MERCY CENTER CONSENSUS CONFERENCE GUIDELINES
- ☐ MILLIMAN CARE GUIDELINES
- ☒ ODG- OFFICIAL DISABILITY GUIDELINES & TREATMENT GUIDELINES
- ☐ PRESSLEY REED, THE MEDICAL DISABILITY ADVISOR
- ☐ TEXAS GUIDELINES FOR CHIROPRACTIC QUALITY ASSURANCE & PRACTICE PARAMETERS
- ☐ TEXAS TACADA GUIDELINES
- ☐ TMF SCREENING CRITERIA MANUAL
- ☐ PEER REVIEWED NATIONALLY ACCEPTED MEDICAL LITERATURE (PROVIDE A DESCRIPTION)
- ☐ OTHER EVIDENCE BASED, SCIENTIFICALLY VALID, OUTCOME FOCUSED GUIDELINES (PROVIDE A DESCRIPTION)